

This form does not replace the IPP

**Alta California Regional Center
IPP Services and Supports**

Date:

Last Name:

First Name:

M.I.

Birthdate

UCI#



I agree with the services written in my IPP and want Alta Regional Center to purchase those services it is responsible for.



I have been told the IPP team will first look at services and supports that are in my community, at work, and/or at home that I may use, when they are carrying out my IPP.



I disagree with a part of my IPP but I want Alta Regional Center to go ahead with all Services and Supports except this:

A new IPP meeting will be held within 15 days



to review any items not agreed on at today's meetings.

I understand that I don't have to have the second IPP meeting if we work things out before the 15 days are up.



I know that I can ask to change service coordinators at any time.



My service coordinator can exchange information with service providers so my IPP can be carried out.



I want my IPP at least once every 1 year 2 years 3 years



I know that I may call a meeting of my IPP team any time by contacting my service coordinator.



I have been told that if I, or someone who represents me, doesn't agree to release information about me when needed to protect my health, safety and welfare, the Director of the Regional Center can release it on my behalf. [W & I Code Section 4514(s)]

Alta Regional Center may contact me by email.

My email address is:

Services and Supports

IPP for:	UCI #	Date:
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Goal:
What will happen:
Who will do it:
When:

Goal:
What will happen:
Who will do it:
When:

Goal:
What will happen:
Who will do it:
When:

Goal:
What will happen:
Who will do it:
When:

Goal:
What will happen:
Who will do it:
When: